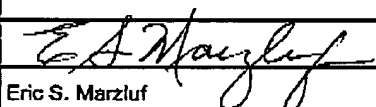


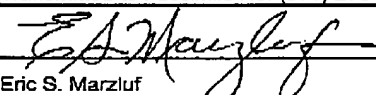
(Substitute) PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0851-0031
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/523,504	RECEIVED CENTRAL FAX CENTER JUL 06 2006
	Filing Date	June 6, 2006	
	First Named Inventor	Robert Ungermach	
	Art Unit	3743	
	Examiner Name	Kari K. PETRIK	
Total Number of Pages in This Submission	5	Attorney Docket Number	M1269/2006.1

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Statement Under 37 CFR. 3.73(b); - Return Receipt postcard
Remarks Please charge Attorney Account No. 03-0075 as necessary to effect entry and/or ensure consideration of this submission.		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name	Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd., Customer No. 03000	
Signature		
Printed name	Eric S. Marzluf	
Date	July 6, 2006	Reg. No. 27,454

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: Transmitted to Facsimile No. (571) 273-8300	
Signature	
Typed or printed name	Eric S. Marzluf
Date	July 6, 2006

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

**RECEIVED
CENTRAL FAX CENTER****JUL 06 2006****Attorney Docket No. M1269/20001
Customer No. 03000****PATENT****IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
PATENT EXAMINING OPERATION****Applicants: Robert Ungemach, et al.****Serial No.: 10/523,504 : Art Unit: 3743
Examiner: Kari K. PETRIK
Filing Date: June 6, 2005 : Confirmation No.: 1298****For: REINFORCED THERMOPLASTIC PATIENT RESTRAINTS FOR
RADIATION THERAPY****REVOCATION OF POWER OF ATTORNEY
AND APPOINTMENT OF NEW POWER OF ATTORNEY****Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450****Sir:**

MEDTEC, Inc., the Assignee of the entire right, title and interest in the above-identified application as specified in the accompanying Statement Under 37 CFR 3.73(b), hereby revokes all prior powers of attorney and appoints the attorneys at United States Patent and Trademark Office Customer No. 03000 as attorneys of record with full power of substitution and revocation to prosecute the patent and all continuations and divisions thereof, and to transact all business in the Patent and Trademark Office, including the payment of maintenance fees for patent(s) issuing on the application and its progeny.

Please change the correspondence address for the above-identified patent to Customer No. 03000 (Caesar, Rivise, Bernstein, Cohen & Pokotilow, Ltd., 1635 Market Street, 11th Floor – Seven Penn Center, Philadelphia, PA 19103-2212).

The telephone number of Customer No. 03000 is (215) 567-2010 and the fax number is (215) 751-1142.

The undersigned (whose title is supplied below) is authorized to act on behalf of the assignee.

MEDTEC, Inc.

Date: June 28, 2006

By Paul J. Soni
Paul J. Soni, Vice President
and Assistant Secretary

RECEIVED
CENTRAL FAX CENTER
JUL 06 2006

Attorney Docket No. M1269/20001
Customer No. 03000

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
PATENT EXAMINING OPERATION

Applicants: Robert Ungernach, et al.

Serial No.: 10/523,504 : Art Unit: 3743
Examiner: Kari K. PETRIK
Filing Date: June 6, 2005 : Confirmation No.: 1298

For: REINFORCED THERMOPLASTIC PATIENT RESTRAINTS FOR
RADIATION THERAPY

STATEMENT UNDER 37 CFR 3.73(f)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

The Assignee of the entire right, title and interest hereby seeks to take action in
the Patent and Trademark Office in this matter.

IDENTIFICATION OF ASSIGNEE

MEDTEC, Inc.
(An Iowa Corporation)
P.O. Box 320
Orange City, Iowa 51041

PERSON AUTHORIZED TO SIGN

I, PAUL J. SONI, represent that I am a Vice President and Assistant Secretary of
MEDTEC, Inc., and aver that I am empowered to sign this statement on behalf of the
Assignee.

RECEIVED
CENTRAL FAX CENTER

JUL 06 2006

BASIS OF ASSIGNEE'S INTEREST

All right, title and interest in and to Application Serial No. 10/523,504 were transferred to the current assignee from the inventors as shown in the chain of title below and as recorded with the Patent and Trademark Office.

From: Robert Ungemach (Doc. Date: 02/21/2005)
Jeffrey F. Nibbelink (Doc. Date: 02/17/2005)
To: MED-TEC IOWA, Inc.
Recorded: 08/15/2005
Reel/Frame: 016399/0804

Change of Name:
From: MED-TEC IOWA, Inc.
To: MEDTEC, Inc.
Recorded: 06/27/2006
Reel/Frame 017848/0394

DECLARATIONS

I hereby declare that all statements made herein of my own knowledge are true, and that all statements made on information and belief are believed to be true; and further, that these statements are made with the knowledge that willful false statements, and the like so made, are punishable by fine or imprisonment, or both, under Section 1001, Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of any patent issuing thereon.

MEDTEC, Inc.

Date: July 5, 2006By Paul J. Soni
Paul J. Soni, Vice President
and Assistant Secretary

**This Page is Inserted by IFW Indexing and Scanning
Operations and is not part of the Official Record**

BEST AVAILABLE IMAGES

Defective images within this document are accurate representations of the original documents submitted by the applicant.

Defects in the images include but are not limited to the items checked:

- ☐ **BLACK BORDERS**
- ☐ **IMAGE CUT OFF AT TOP, BOTTOM OR SIDES**
- ☐ **FADED TEXT OR DRAWING**
- ☐ **BLURRED OR ILLEGIBLE TEXT OR DRAWING**
- ☐ **SKEWED/SLANTED IMAGES**
- ☐ **COLOR OR BLACK AND WHITE PHOTOGRAPHS**
- ☐ **GRAY SCALE DOCUMENTS**
- ☐ **LINES OR MARKS ON ORIGINAL DOCUMENT**
- ☐ **REFERENCE(S) OR EXHIBIT(S) SUBMITTED ARE POOR QUALITY**
- ☐ **OTHER:** _____

IMAGES ARE BEST AVAILABLE COPY.

As rescanning these documents will not correct the image problems checked, please do not report these problems to the IFW Image Problem Mailbox.